

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 9/621565 FILING DATE

APPLICANT(S)

5/9/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		5				
TOTAL DEP.		35				
TOTAL CLAIMS		40				

BEST AVAILABLE COPY